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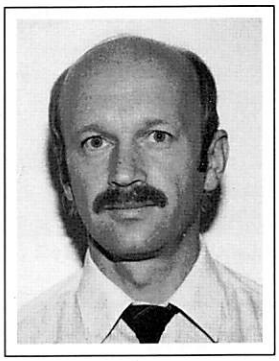
IN THIS ISSUE

HEMI-SYNC IN THE TREATMENT OF CHEMICALLY DEPENDENT PATIENTS



by Bogdan F. Maliszewski, MD

As a physician, Bogdan Maliszewski has been deeply involved in investigating and implementing effective methods for the treatment of chemically dependent patients. He moved from his practice in Seattle, Washington, to Tampa, Florida, four years ago. Dr. Maliszewski became a member of the Professional Division in 1988 and recently submitted this article on the impact of Hemi-Sync in drug rehabilitation.

Between the years 1987 and 1989 I practiced as attending physician at the Glenbeigh Hospital in Tampa, a rehabilitation and treatment center for alcohol and drug abuse. During that period, Hemi-Sync was introduced as an adjunct to the intervention program. The preliminary results suggest a substantial increase in recovery for cocaine-addicted patients using Hemi-Sync.

The treatment program was based on the traditional twelve-step Alcoholics Anonymous recovery program. An average stay in the hospital was about one month, and patient age ranged from early teens to over seventy years old. In the older group, alcoholism was the most prevalent dependency; in the younger group, the most popular was cocaine, then marijuana, alcohol, and opiates. About twenty patients participated in the program each month; an approximate total of 300 for the year.

The success rate, based on sobriety for at least one year after treatment, was best for alcohol, reaching about fifty percent of the patients, but poor for cocaine, achieving only twenty-five percent or less. These percentages correspond to the national average recovery rate. Over thirty-five years ago the American Medical Association recognized alcoholism as a disease. Since then many other chemical dependencies have been added to this category. One of the most serious and challenging addictions is that of cocaine.

Progress in research and science, especially biochemistry and physiology of the brain, has allowed us to understand many aspects of the diseases of chemical dependency. With alcoholism, it has been found that brain activity in alcoholics differs from that of nonalcoholics, as measured on an electroencephalogram (EEG). Alcoholics show a prevalence of fast Beta activity and a deficit of Alpha and Theta frequencies. Their sleep is shallow, lacking the Delta waves characteristic of deep

sleep. The excess of Beta frequencies on EEG is characteristic of anxiety, restlessness, nervous tension, and inability to relax. At the same time, very important neurotransmitters playing a crucial role in the reward system in the brain, show lower levels than nonalcoholics. They belong to the Beta endorphins and enkephalins group of chemicals. It has also been discovered that these neurotransmitters are released during sports activity, relaxation, meditation, and other activities.

Alcohol's influence on the brain is very characteristic: the number of Alpha waves in the brain increase greatly, but only in alcoholics. In nonalcoholics this action is very limited. Thus, it becomes clear that many alcoholics drink to relieve stress and anxiety, characterized by increased Beta waves on EEG. It has also been discovered that continuous use of alcohol causes depletion of endorphins and enkephalins in the brain, resulting in a state of anhedonia—inability to feel pleasure—and later, a state of depression.

Recovery increased from twenty-five percent to about fifty percent. . .

With cocaine addiction, dopamine, another important neurotransmitter, becomes depleted, causing severe depression. This is preceded by a feeling of very strong euphoria which lasts only briefly. The euphoria is so strong that it causes almost instantaneous dependency. Later on, after treatment attempts, recall of that euphoria is the main cause of relapse and subsequent return to use. Cocaine is a stimulant and causes an increase in Beta frequencies on EEG.

It occurred to me that if alcoholics and patients addicted to cocaine were trained to increase the proportion of Alpha and Theta waves in their EEGs, they would increase the chance of recovery. This could be achieved by biofeedback, massage, sports, meditation, and restricted environment stimulation therapy (REST), among other approaches.

However, it seemed that the Hemi-Sync technology would probably be one of the most effective and easiest methods to use in the hospital setting. Direct action of Hemi-Sync on the brain provides an excellent therapeutic tool. Experience of positive states of mind, not achieved by alcohol or drugs, would reinforce the patient's ability to cope with stress and the craving for alcohol and drugs. In medicine, it is relatively easy to cope with stress and anxiety by using tranquilizers like Xanax, Valium, etc., but only for a short time. These medicines, if used for longer periods, also lead to chemical dependency.

We started to use the *PREP* side of the *Relax* tape from the *H-PLUS* series in a group setting, on an average of three times weekly. With the exception of the cocaine addicts, patients were exposed to the tapes after stressful group therapy sessions. Before the tape, the cocaine-addicted group participated in special desensitization sessions involving exposure to the paraphernalia of cocaine use—pipes, white powder resembling cocaine, etc. They even pretended to use cocaine to evoke the craving for this powerful stimulant.

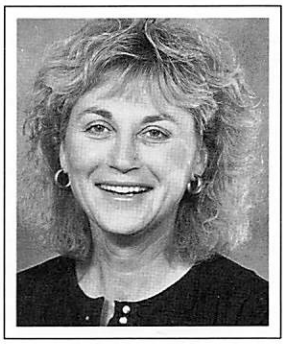
Overall, patients responded very positively to the tapes. At first, most of them fell asleep during the sessions, although many suffered from chronic insomnia caused by the drugs. Later, the patients participated more consciously in the relaxation exercise. Some of them used the tapes individually, in their free time. After completion of the treatment program, they had the option of purchasing *H-PLUS Relax* to use at home. Perhaps ten to fifteen percent exercised this option.

After one year we attempted to follow up with the former patients. It was a difficult task, but the results were very encouraging. While the rate of recovery improved with alcoholics, the most dramatic increase was achieved in the group of cocaine patients. Recovery increased from twenty-five percent to about fifty percent of patients still drug-free one year after treatment.

Attitude toward the therapy was very important. More spiritually oriented patients responded better to the treatment program. For this group, we recommended further use of the Hemi-Sync tapes, such as Focus 10 and Focus 12 exercises. We used *Pain Control* for patients suffering from chronic pain, and *De-Hab* for others. These results were also positive, especially those with the *Pain Control* tape.

In my opinion, the Hemi-Sync technology can be used in treatment of chemically dependent patients very effectively. However, more controlled studies are necessary in order to promote this method of treatment among the professionals in the field of addiction medicine.

HEMI-SYNC AS AN AUTOGENIC PROCESS RELATED TO THE GAME OF GOLF



by Laura Batchelor, MA

Laura Batchelor is an educational therapist in private practice in St. Louis, Missouri, specializing in creative/vocational expression, spiritual development, Jungian theory, and transitions. In this study, Ms. Batchelor demonstrates the effects of Hemi-Sync on both the "inner" and "outer" game of golf. She has been a member of the Professional Division since April 1990.

PURPOSE

This study was designed to investigate the effects and preferred rate of application of Hemi-Sync as an autogenic, or self-regulatory, tool. The subjects in this study were men and women unfamiliar with autogenic exercises and who were interested in improving their performance in the game of golf.

THEORY

It is the thesis of this study that as individuals improve control of their mental, emotional, and physical elements,

through the process of manifesting progressively deeper levels of consciousness, there will appear within them an especial nature capable of improving the quality of their performance, the level of their enjoyment, and the rate of their learning.

REVIEW

In the field of psychotherapy, it is generally understood that inner, subjective, frequently irrational realms of human experience are the most immediate and most interruptive factors in human performance. It is also generally understood that learning how to identify and overcome such interruptive thought, emotional, and physical responses is not easy. Most people in this culture are accustomed to being asked to look or listen closely to someone or something, but often are uncomfortable—even lost—when asked to imagine or feel something closely, especially when it is an emotion or a physical sensation.

The premise of this study is that this cultural blind spot is a primary reason many people often do not function well; they avoid feeling their bodily sensations clearly. To a great extent, excellence in any field is a result of how aware one is. Without self-interference, one is better able to function in the "awareness state."

Everyone has experienced the awareness state at one time or another during moments of peak performance or experience. Alertness and perception are heightened, actions are flawless, and life is simple and whole. Even in the most complicated and demanding situations the effort needed is clear, and actions flow in an uncanny but appropriate way.

Children, especially the very young, are immersed in the awareness state, blending and integrating with their play by using imagination. Often, as we grow older and become more educated, we trade our imaginations—our images—for words. Words and instructions from others and from our own minds replace imagination. The images remain within us, however we are no longer within the experience, within the state of awareness.

Learning how to overcome the thoughts, emotions, and physical activities that interfere with human performance is one of the most difficult tasks to perform in life. A key to reviving this natural state of awareness is relearning how to sense or feel things. In the natural state of awareness, we first receive images in our minds, images including sight, sound, taste, or smell, *then* we respond by translating the images into actions or words. Rich imagery is concurrent with bodily relaxation. Relaxation does not cause imagery, but it certainly provides the environment in which imagery functions at its fullest. The natural internal communication system of performance is imagery-based.

In the last decade, there has been significantly greater attention directed toward the relation between mind, body, and awareness, to tap hidden potential to heighten performance and experience. Learning how to become more aware—more conscious—of such things as tension, doubt, fear of failure, anxiety, and a limited image of performance, and then learning how to overcome them, are all at the heart of autogenic training. Autogenic training is a psychophysiologic form of psychotherapy that works with the body and mind simultaneously.

As previously stated, the purpose of this study was to investigate the effects and preferred rate of application of Hemi-Sync as an autogenic tool which focuses the whole brain-mind in a singular state of awareness. Most important to this study was the learning and re-creating, from memory and at will, those states of relaxation, synchronization, and visualization needed for the game of golf.

METHOD

Subjects: The seven participants in the study, three females and four males from middle-class suburbs of St. Louis, were volunteers from a population of golfers at a local country club. Subjects' ages ranged from thirty-eight to fifty-six years and lengths of time as golfers ranged from fourteen months to fifteen years, with an average of seven years. Times per week playing golf ranged from two to five, with an average of three and one-half rounds per week.

Data Collection: Five measures were used:

1. Pre- and postprogram eighteen-hole handicaps provided by the country club.

2. Each subject submitted three eighteen-hole-round scores (hole by hole) before and after the program.

3. The subjects completed a pre- and postevaluation psychological symptoms checklist to describe the degree to which thoughts, emotions, and behaviors had bothered them during the last month. There were twelve thought questions, fourteen emotion questions, and twelve behavior questions.

4. Each subject kept a journal of his/her sessions to record the date and time of the session, what s/he thought about the session, how s/he felt during the session, and any postsession activity s/he would like to log, i.e., thoughts, emotions, behaviors, and visualizations.

5. Each subject completed a postprogram questionnaire and a written evaluation of the program.

Procedure: An introductory meeting to introduce the subjects formally to the program, and to collect the preprogram data was held.

While the golfers learned to exercise and strengthen outer, physical aspects of their performance, they also learned to consider the internal, nonphysical aspects of motivation, self-control, and self-interference.

Each subject was given four Hemi-Sync cassette tapes: *The Way of Hemi-Sync, Energy Walk, H-PLUS Synchronizing,* and *Under Par Golf.* Also provided were a stereo cassette player with headphones and batteries, a study requirement sheet, a written explanation of the golf program, a tape regimen sheet, a "Hemi-Sync Tape Taking Techniques" pamphlet, reprints of pages two and three of The Monroe Institute catalog describing FFR and Hemi-Sync, and a note pad to record responses. Subjects were instructed to follow the regimen of tapes, including a minimum of two sessions per week.

During the program, subjects met intermittently on the golf course to discuss their experiences with the tapes. Subsequently, a postprogram meeting was held for debriefing.

RESULTS AND DISCUSSION

The measuring instruments used provided a starting point, or base, on which to expand the use of the above theories and program. Any further research would require that data collection procedures be more carefully developed. The data collected in this study and any interpretations made do not necessarily reflect a true representative sample of the population, only the particular results and responses of the individuals involved. The hypothesis presented has not been tested in accordance with accepted formal scientific procedures. The results found do have a particular educational significance and I encourage further research in this area.

While the golfers learned to exercise and strengthen outer, physical aspects of their performance, they also learned to consider the internal, nonphysical aspects of motivation, self-control, and self-interference. The cooperative manner in which the men and women volunteered for this program suggested to me that the average sportsperson may be hungrily seeking education in self-improvement. While six of the subjects openly expressed a desire and need to improve their games, one stated that he wanted to participate in the program for what he felt it could bring to his everyday life.

Before the program, none of the subjects had used a Hemi-Sync autogenic tool. The use of visualization was known to six of the subjects. One subject had previous experience of visualization in a group setting only. None of the subjects were familiar with autogenic exercises.

During the introductory meeting, two of the subjects openly expressed skepticism toward the efficacy of the program and discounted any hope of immediate effectiveness. A common question among the group was "Are these tapes the same as subliminals?" My response was that the tapes do not contain subliminals, rather, low audibles of blended and sequenced sound patterns. My assessment of the group was that, generally, they were unfamiliar with states of consciousness other than a usual ego or sleeping states. Therefore, I used terms such as "being in the zone" and "on target" to describe other states related to performance that they may have experienced at one time or another.

All seven subjects who began the program completed at least the minimum eight-tape session requirement. Three exceeded the requirement, two having completed eleven sessions and one having completed eighteen. Although one subject recorded twelve sessions, three of those were not fully completed due to distracting noises, thoughts, and emotions. The three subjects completing the most sessions reported the greatest effects. The subjects who completed eleven sessions both showed a thirty-nine-percent change on the psychological symptom score and the subject who completed eighteen sessions showed a forty-eight-percent change. These percentage changes reflect point reductions in all three categories—thought, emotion, and behavior—indicating a lessening of self-interference. Of the two subjects completing eleven sessions and showing a thirty-nine-percent change, one lowered his handicap by one point and the other by two points. The subject completing eighteen sessions and showing a forty-eight-percent change raised her handicap by one point.

To assess subjectively the various depths of consciousness the subjects seemed able to achieve, I looked to their journal entries. Using certain nomenclature from The Monroe Institute which can be related to the use of Hemi-Sync exercises: Focus 3 is a state of profound relaxation; Focus 10 is a state of mind awake/body asleep; and Focus 12 is a state of conscious awareness expanded beyond the physical body.

It appears that the two subjects completing eleven sessions learned to achieve a Focus 10 state during the tape exercises, while the subject completing eighteen sessions learned to achieve a Focus 12 state. One subject who completed nine sessions showed a reduction on the psychological symptom scores of seven percent while her handicap remained the same. Analysis of her journal suggested that she was able to achieve a Focus 3 state.

The three remaining subjects fulfilled the prescribed minimum of eight tape sessions. Of these three, one subject lowered her handicap two points and decreased her psychological symptom score by thirty-three percent, another subject lowered his handicap one point and decreased his psychological symptom score by sixteen percent, and the third subject lowered his handicap one point and showed no percentage change. Journal analysis indicates that all three learned to achieve, at most, a conscious Focus 3 state.

Of the four means of collecting data—handicaps, hole-by-hole scores, written evaluations/journals, and psychological symptom scores—I found the hole-by-hole and handicap scores to be the least reliable in terms of revealing any direct effects of the autogenic tool. The accumulation of play throughout the season alone could have affected the changes.

. . . the average sportsperson lacks knowledge of how tension, stress, fear of failure, and low self-esteem can be an interference to. . . performance. . .

However, it is interesting that the greatest period of change for each subject occurred during and directly after the program.

While the subjects looked primarily to the handicap reports as a measure of change, I focused mainly on the psychological symptom scores, the subjects' postprogram evaluations, and their journals. Of these tools, I found the psychological symptom test to be uniquely reflective of and specific to the areas of change. The journals were far more revealing then I had expected. Each of the subjects, in his/her own way, indicated a specific level of investment and particular type of response to the program. The hole-by-hole scores were of limited value except to show that three pre- and postprogram rounds were played. However, each subject's unparred holes were of interest, as the postprogram scores on these unparred holes did reflect improvement in each player's most difficult area of play. For instance, the hole-by-hole scores of the subject whose handicap remained the same indicate that her hole-by-hole play improved. Her score cards showed consistent play at the par and bogey level for longer periods of time, only to "blow up" on one hole on the front and back nine, thus keeping her score at the usual handicap level. Could it be that the two blow-up holes, which had the effect of maintaining her handicap at the same level, were the result of an unconscious fear of success?

FACTORS HANDICAPPING THE PROGRAM

As a result of administering this study and from my review of sports awareness skills literature, I have come to understand

that the average sportsperson lacks knowledge of how tension, stress, fear of failure, and low self-esteem can be an interference to the performance of a game. The subject of self-interference was not reviewed with the subjects in any formal, detailed manner before the program. I believe the absence of such an in-depth briefing is the factor which most limited the subjects' full understanding and acceptance of the program.

The subjects openly and excitedly expressed an interest in the Hemi-Sync exercises used in the program. During the *Energy Walk* visualization exercise, many of the more "rational types," when hearing the voice on the tape asking them to "get up," actually tried to rise from where they were lying at the time, an indication of how much literalization is ingrained within our culture.

Although *The Way of Hemi-Sync* was rated one of the least-preferred tapes, the subjects felt it was necessary as an introduction to the unique sound technology. *H-PLUS Synchronizing* was the most popular and effective. Subjects recommended that the *PREP* exercise (side one of *Synchronizing*) be used before *Energy Walk*. Some of the subjects stated that they were disappointed that the *Under Par Golf* tape was placed so late in the program, and that it was a bit flat compared to the other tapes.

It was my impression from the postprogram meeting that the subjects were somewhat frustrated with the number of encodings, or verbal cues, introduced on the tapes which they were asked to learn. The "Fore" encoding on the *Under Par Golf* tape was used most often, while other encodings were used sometimes or not at all.

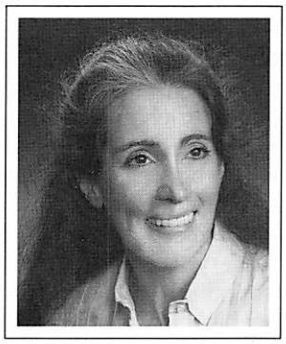
The greatest liability to the program was the sequence of tapes in the regimen and the suggested minimum of two sessions a week. As an improvement, I would suggest that a six-step regimen be used and that each subject do no less than three sessions per week, thereby completing the regimen within two weeks so that it can be repeated within the one-month time frame.

CONCLUSIONS

From a review of the results of this study, clearly effectiveness would be improved through implementing specific changes in the sequence of tapes and the rate of application. The use of Hemi-Sync tapes, when applied in a structured regimen, can improve the quality of a player's performance while enhancing his/her enjoyment of the game. In addition, the use of this regimen, while directed specifically to golf improvement/enhancement, has an impact on the player's life off the course. By directing attention toward the relationship between mind, body, and awareness, hidden potential can be tapped to heighten experience and strength in performance.

[Ed: Based on the positive results he achieved as a subject in the study, and on the subsequent improvements made to the program, one participant has developed a commercially available package for golfers. SportSync™-Golf *is designed to improve the mind-body coordination required for playing the game of golf, improve performance on the golf course, and tap the inner functions fundamental to the game. A four-cassette album of Hemi-Sync exercises and an instruction booklet are included. For more information, write to SportSync, Inc., P.O. Box 6106, Chesterfield, MO 63006.]*

USE OF THE *EMERGENCY SERIES* DURING MULTIPLE SURGERIES



by Gari Carter

Nine years ago, Gari Carter sustained near-fatal injuries which permanently transformed the direction and purpose of her life. Thus began her long and courageous journey from pain, fear, and disfigurement to health and wholeness. Ms. Carter has documented her experiences in Face It, *a book about her accident, reconstruction, and recovery. The following is an excerpt from her manuscript.*

My final plastic surgery to create a face was performed in October 1990, by Milton T. Edgerton, MD, at the Craniofacial Clinic at the University of Virginia, the site of my previous ten surgeries. The Monroe Institute filmed the entire procedure to document the use of the *Emergency Series* tapes.

In February 1982, my eleven-year-old son and I were hit head-on in our lane on a country road in Virginia. My car was pancaked into me, crushing my face open to the eye orbits, partially severing one leg, and breaking bones from my toes to my hips. Thinking I was dead, my uninjured son revived me with CPR techniques he had just studied in Cub Scouts. The rescue squad took us to the University of Virginia Hospital emergency room. Plastic Surgery worked from my neck up and Orthopaedic Surgery worked from the hips down to close and repair the damage.

After the initial surgery and recovery, I had several painful, disagreeable surgeries at U.Va.—reattachment of my partially severed leg, bone grafts to construct upper and lower jaws and cheekbones, skin grafts for sulcus (gum) tissue, and construction of teeth. Surgeries are spaced six months apart to allow for adequate healing, which was interminable, painful, and unendurable. I was only able to have liquids with a Brecht feeder (a syringe with a rubber tube), so nutrition and vitamins were minimal. Memory loss was intensified by each anesthesia and codeine use, delaying my recovery.

In the August 1983 issue of BREAKTHROUGH (predecessor of the HEMI-SYNC™ JOURNAL), I wrote of my first use of the *Emergency Series* tapes. The surgery involved removing a rib to insert as a nose, refracturing and resetting the bones in the orbits around my eyes, and repairing my sinuses. I was terrified at the prospect of hurting in several areas and did not trust the quality of the *Emergency Series*, despite what I had read and heard. I told the doctors and nurses to observe me using the tapes. If they worked, fine, but if not, I wanted my codeine immediately. Though the surgery lasted four and one-half hours, I never needed any pain medication afterward

and had minimal bruising and swelling. The *Pre-Op* tape gave me intense calmness, with lowered blood pressure and temperature before surgery, instead of my former experiences of queasiness and uncontrollable shaking. I used *Intra-Op* before the general anesthesia was started, *Recovery* in the recovery room, and *Pain Control* after that. Each time I felt a twinge of pain begin, I put on my earphones and erased it. Healing was rapid in my relaxed state, as I knew I could depend upon the tapes.

I persuaded my surgeon to let me use the *Emergency Series* in the operating room from then on. The next two surgeries were to attach Abbe flaps from my palate to the future lip area, allowing the grafted flaps to heal in place, and to sculpt lips from the joined tissue. Dr. Edgerton was interested to see what effect the tapes would have on me during surgery. The wires from my earbud speakers would have to be wound under my neck and attached to the tape player above my head to insure sterility, and a nurse would be assigned to flip tapes each forty-five minutes as they ended.

I was calm the night before in the hospital listening to *Pre-Op*, though I had learned from the previous surgery that interruptions jarred one out of the desirable ocean of peace. I taped a sign above my bed, "DO NOT TOUCH OR TALK TO PATIENT WHEN USING PAIN CONTROL TAPES." It was a relief not to shake the stretcher with fear on my ride to the operating room. I found I could flow in and out of consciousness in the operating room using *Pre-Op*.

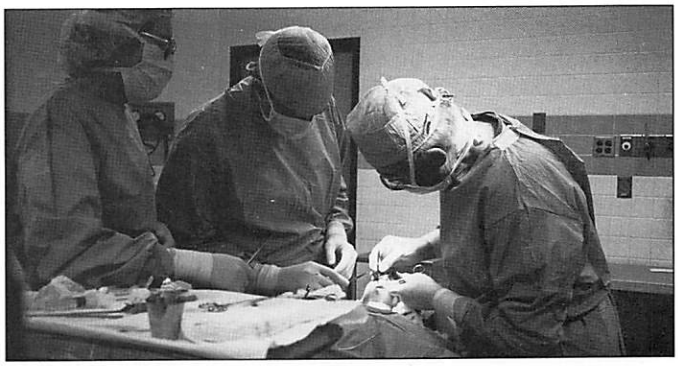
Dr. Edgerton reminded me that he would use xylocaine locally and that I was not to move my face or mouth as he worked. He would leave a small opening on the side for me to eat with Brecht feeders during the weeks of graft healing. I drifted off with *Intra-Op* and Robert Monroe's voice telling me that I was not alone and everyone was there to help me. I felt a slight pulling and painless cutting of my face from the perspective of a relaxed, worryless sleep. Suddenly, the absence of my tape jarred me alert. I opened my eyes and saw Dr. Edgerton's face directly over mine as he concentrated on his work. I remembered that I was not to move my face, but tried blinking

I relished my confident calmness as the surgery flashed by me.

my eyes to get his attention without success. Finally I realized I could make a noise without opening my mouth and said, "Mmmm, mmmm, mmmm." Dr. Edgerton looked startled, not expecting his patient to talk to him on the table. I rolled my eyes toward the tape player and the nurse checked it. My batteries had run out! I had to try to re-create the tape by myself as he finished the five-hour surgery. To my great relief, new batteries were brought to me in the recovery room. I would *never* go into the operating room again without new batteries and backups!

Two Abbe flaps had been used, instead of one as planned, to obtain enough vermillion for lips from the area left inside the palate. One month of healing was needed before the next surgery to sever and sculpt the graft. The rest of my cheeks and chin were a road map of suture lines. I used the *Energy Walk* tape and positive visualizations for healing. I detested the Brecht feeder tube's clogging and spraying me with liquid, forcing me to redo my suture line care. I wanted to heal quickly so that I could talk and eat again.

In a month, I returned to U.Va. for lip sculpture, chin and cheek shaping, and tracheotomy revision with brand-new batteries for my tape player. I relished my confident calmness as the surgery flashed by me. My chin was slowly taking shape to look real, the cheeks were less sunken, I had lips, and the big, jagged tracheotomy scar was a thin line. Dr. Edgerton found and removed an adhesion the size of a little finger which had grown around my vocal cords, and had caused me pain when swallowing. I healed rapidly and uneventfully, enjoying my new freedom. When the final sutures were out, I had to learn how to aim a fork into my new, narrow mouth and guide a glass with my tongue instead of my senseless lips.



"The wires from my earbud speakers [were] wound under my neck and attached to the tape player above my head to insure sterility."

By the next surgery, my tapes were accepted by the nurses and doctors as a part of me. This five-hour surgery included more grafting to even the lips and prevent drooling, z-plasties in chin scars, sculpting an indentation below my lips to separate the chin, and revision of knee scars. I used the tapes throughout and sailed through, despite a return to Brecht feeders and crutches. I was nervous about pain from the removal of the pull lines on my knee but repeated "55515" as I visualized the area with closed eyes as I had been told to do on the tape and erased all pain signals.

The next-to-last surgery involved more z-plasties in the chin, resculpting the indentation under the lips, additional reshaping of the lips to prevent drooling, removal of a growth on my foot at the point of a broken bone, and removal of cysts on suture lines in my upper eyelids. The confusion of getting ready for the operating room washed over me without effect due to the strong inner calm from the *Pre-Op* tape. This surgery seemed to last a fraction of a minute. I later found it had been another five hours. I relaxed into *Energy Walk* when I was returned to my room, noticing that I now had a roommate. At midnight, the lady yelled, "Ethel, get my shoes!" I thought she was dreaming and turned on my tape player. I was almost asleep when she yelled again. I told her that Ethel was not there, and shoes were not needed in bed. She kept yelling, so I rang for the nurse, who explained that she was senile. Just as I had been told by The Monroe Institute, one needs quiet to use the tapes properly. I was unable to keep my calm, pain-free state with the unexpected interruptions and had to ask for codeine. The next day I felt drugged, dizzy, and weak. It was quite a contrast to my improved life using drug-free healing with the *Emergency Series*.

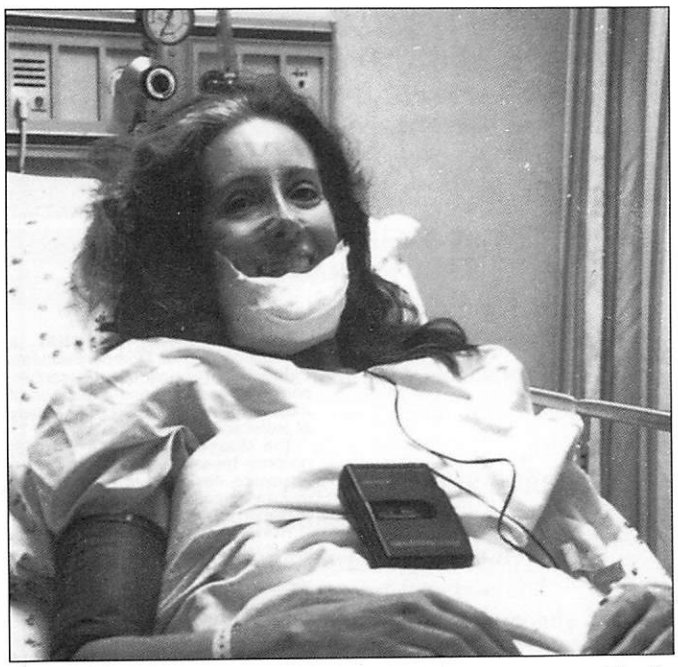
After the lips were finished, I began speech therapy—a major challenge without feeling in my grafted lips. Since I was

told to relax before I began, I used my *Emergency Series* tapes and then practiced smiling, swallowing, and rounding my lips as I watched in a mirror. I had to practice my speech laboriously on tape, exercising my weak lip and cheek muscles. Most difficult was relearning how to laugh.

With the final surgery, Dr. Edgerton made a w-plasty to a grooved scar in the chin and a z-plasty to lengthen the left lower lip and prevent drooling, debulked the trapdoor flap in the right central anterior chin, made bilateral z-plasties in the transverse scars running from the lower lip toward the ear regions, and excised the redundant scar tissue in the anterior lower lip. The Monroe Institute filmed me in the Craniofacial Clinic being worked up, in the Virginia Ambulatory Surgery Center waiting room using my *Pre-Op* tape, on the stretcher ready for the operating room, during surgery using *Intra-Op*, and in the recovery room using the *Recovery* tape. I talked about my feelings and impressions at each of these stages on the film. The *Emergency Series* tapes did their magic again. I was calm and relaxed, with the usual lassitude afterward. I was happy to have lived the final chapter of my book at last!

This last healing has been the best of all. I not only had the *Emergency Series*, but the luxury of the extra backup of the *H-PLUS* series to enrich my recovery. I found less need to listen to the *Pain Control* tape if I went to sleep with *H-PLUS Restorative Sleep*. I alternated *H-PLUS Regenerate, Circulation, Tune-Up,* and *Emergency: Injury* for naps. I used neuromuscular and craniosacral therapies to reduce scar tissue and rebalance my body. I returned to yoga, vitamins, and a healthy diet. I felt strengthened and invigorated by so much healing help to choose from. Most of all, I was and am grateful to Robert Monroe for giving me the grace of peace and courage on my reconstructive journey.

[Ed.: Information on Ms. Carter's book, Face It, *and the video documenting her final surgery will be published in the HEMI-SYNC™ JOURNAL when publication dates are available.]*



Gari Carter rests comfortably after her surgery with the Recovery *tape.*

Thank You

Please accept our deepest appreciation for your continuing generous support of The Monroe Institute. Your contributions allow us to move forward in our research, and expand the frontiers of human consciousness development for the benefit of our growing global community.

1991 HEMI-SYNC PROGRAMS SCHEDULED

USA

At The Monroe Institute:

GATEWAY VOYAGE
July 13-19
August 10-16
August 31-September 6
September 28-October 4
October 19-25
November 2-8
December 7-13

GUIDELINES
August 17-23
October 12-18

GATEWAY CHARTER LIFELINE
(A Graduate Program)
September 14-20
November 16-22

GATEWAY GRADUATE RETREAT
July 27-August 2

PROFESSIONAL SEMINAR
July 20-26

On The Road:

GATEWAY VOYAGE
CIMARRON, NM
October 6-12
Management Training Systems
(800) 735-1871

COOS BAY, OR
August 24-30
Wally Hill, Ken Keyes College
(503) 267-6412

SONOMA, CA
September 8-14
Karen Malik
(415) 381-8139

For more information about programs at The Monroe Institute, write or call: The Monroe Institute, Route 1, Box 175, Faber, VA 22938-9749, (804) 361-1252.

For more information about the programs on the road, call the local telephone number.

Continued:

Continued

1991 INTERNATIONAL HEMI-SYNC PROGRAMS SCHEDULED

In Local Communities:

EXCURSION WORKSHOPS

USA

ASPEN, CO
August 24-25
Mark Carter
(602) 955-9532

CLEVELAND, OH
July 20-21
Patricia Leva Michael
Natural Learning Systems
(216) 349-1148

INDIANAPOLIS, IN
September 20-22
Patricia Leva Michael
Natural Learning Systems
(216) 349-1148

LILY DALE, NY
July 15-16
July 27-28
August 5-6
August 10-11
August 26-27
August 31-September 1
Cheryl O. Williams
(716) 595-3927

MARBLEHEAD, MA
August 17-18
John Gray
(617) 631-8828

MONTVILLE, NJ
August 3-4
October 5-6
Judith Lerner-Taylor
(201) 402-8142

MT. SHASTA, CA
August 3-4
Mark Carter
(602) 955-9532

PHOENIX, AZ
July
August
September
Mark Carter
(602) 955-9532

ENGLAND

FLEET, HANTS
July 26-28
August 4-8
October 18-20
John Perrott
0252-626448

H-PLUS WORKSHOPS

USA

LILY DALE, NY
July 13-14
July 29-30
August 3-4
August 12-13
August 24-25
September 2-3
Cheryl O. Williams
(716) 595-3927

NAPLES, FL
July 20-21
August 16-17
September 20-21
October 18-19
Robert R. Spaulding
(813) 261-5222

For more information about programs in local communities, call the local telephone number.

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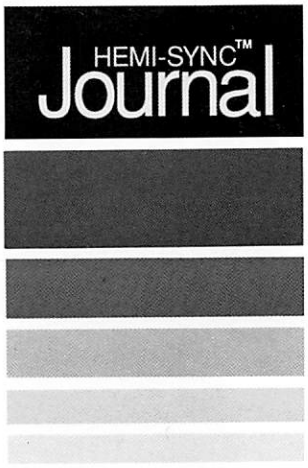

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